

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

PLEASE PRINT

DEPARTMENT OF STATE I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia, Chris Herr II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation) P.O. Box 10724 Bedford NH 03110 **Business Address:** (Town/City) (Zip Code)) 603-986-9145 e-mail dbeek@aol.com III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Biotechnology Innovation Organization (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 🛚 July 25, 2018 🔲 IV. Date of Report activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 Reports cover: October 31, 2018 🔀 January 30, 2019 🗌 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: X If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-Ç and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

October 18, 2018 (Signature of Tobbyist) (Date)

Debra Vanderbeek

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Biotechnology Innovation Organization	Date October 18, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grand reduced by any expenses:	t relations, or public relations servic oss fee amount reported shall not
a) Total of all fees received in this reporting period	a) \$ 7,500.00
D) Total of all fees received this calendar year, prior to this reporting period	b) §45,000.00
(This should equal the total of all prior monthly reports for this calendar y	, ,
c) Total of all fees received to date	
(Add lines a and b)	c) \$ <u>52,500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$6,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fir e aggregate total of all expenses pa xpenses; (b) the aggregate total of le: meals purchased during a busine ses than \$10 that is given to the persed with a value of \$25.00 or less); a porting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$5, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$ 7,500.00
support staff, and office expenses, related directly or indirectly to lobbying.	
support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0

(Add lines a, b and c)	d) \$ 7,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>45,000.00</u>
f) Total of all expenses year to date	f) \$ 52,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	October 18, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	·

٠, -

2

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Biotechnology Innovation Organization
Date of Report (check one):
April 25, 2018 □ July 25, 2018 □ October 31, 2018 ▼ January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. October 18, 2018 (Signature of lobbyist) October 18, 2018
Robert Clegg
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partr	iership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):	8iotechnology Inno	ovation Organization	
		-	
Date of Report (check o	ne):		
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🕱	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)	•		
Addendum B(s)	•		
Addendum C(s)	•		
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and
1 1/1000		Octo	ber 18, 2018
(Signature of lobbyist)			(Date)
Periklis Karoutas			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partn	ership, firm, or corpor	ation: Legislative Solutio	ns, L.L.C.
Name of Client (leave bi	ank if Statement is for	the partnership, firm, or	corporation and not related to an
particular client):	Biotechnology Innov	vation Organization	
Date of Report (check o	ne):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🕱	January 30, 2019 □
			d Expenses described above, an Imber of Addendum forms bein
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of numbers of lobbyist)		ef.	nt and each Addendum is true an oper 18, 2018 (Date)
Leann Moccia			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying parti	nership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):	icular client): Biotechnology Innovation Organization		
Date of Report (check o	one):		
April 25, 2018 🗀	July 25, 2018 🗆	October 31, 2018 🗹	January 30, 2019 □
			d Expenses described above, and umber of Addendum forms being
Addendum A(s)).		
Addendum B(s)) .		
Addendum C(s)	.		
I hereby swear or affirm complete to the best of i			nt and each Addendum is true and
(huty)	HL	Octol	per 18, 2018
(Signature of lobbyist)			(Date)
Christopher Herr			
(Print Name of lobbyist)		